

10/592017

- a. ☒ A check in the amount of \$1,000 to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. 13-3402 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 13-3402. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

Millen, White, Zelano & Branigan, P.C.

2200 Clarendon Boulevard

Suite 1400

Arlington, VA 22201

SIGNATURE

Anthony J. Zelano

NAME

27.969

REGISTRATION NUMBER

Date: September 7, 2006

SEE VALUE ADDITIONALITY	
DEPOSIT ACCOUNT NO.	
13	3402
1632	100